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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(For use with Form PTO/SB/06)

Application Number: **NOT YET ASSIGNED** Filing Date: **08-16-01**

Applicant(s): **Stefan BOUISSOU**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep						
Total Depend						
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	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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